

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Miami

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 117

County Registrar No. \_\_\_\_\_

Local Registrar No. 103No. 62 Hill St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Clorine Beale

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? \_\_\_\_\_

7. Date

of birth

Month Day Year

Female5. No., in order of birth 1styesMar. 5 - 1927

8. FATHER

Full name

Charles Solon Beale

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Cauc.11. Age at last birthday 20 (Years)

12. Birthplace (city or place)

Pima

(State or country)

Arizona

13. Occupation

Nature of industry

Truck drivermining

14. MOTHER

Full maiden name

Rozel Cluff

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Cauc.17. Age at last birthday 20 (Years)

18. Birthplace (city or place)

Colona Garcia

(State or country)

Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(a) Born alive and now living 1

(b) Born alive but now dead \_\_\_\_\_

(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum?

yes

(Taken as of time of birth of child herein certified and including this child.)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was

bornat 10:40 p. m. on the date above stated

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Byril M. Brown M.D.

(Physician or midwife)

Address

Miami, Arizona

Given name added from a supplemental report

Month, day, year

Filed Mar 28, 1927

Local Registrar.

Registrar

Filed \_\_\_\_\_, 19 \_\_\_\_\_

County Registrar.

322 - 305 - 936

ORD. No. \_\_\_\_\_  
This certificate shall be made for each, and the number of each in order of birth stated.PLA. No. \_\_\_\_\_  
This child at a birth.